

SAMPLE SUBCONTRACTING PLAN
SUBCONTRACTING PLAN MODEL, FAR 19.704 and FAR 52.219-9

Prime Contractor:

Address:

City:

State:

Zip Code:

Solicitation/Contract Number:

Description of Requirement:

Total Contract Amount: \$

Period of Contract Performance Including Option Years (Month and Year):

Bureau Awarding Contract:

Contracting Officer Name:

Prime Contractor is _____ (NAICS) _____:

Prime Contractor (Please check if):

☐ Manufacturer

☐ Distributor

☐ Manufacturer/Distributor

Type of Plan (Check One)

___ Commercial Plan - means a subcontracting plan (including goals) that covers the offeror's fiscal year and that applies to the entire production of commercial items sold by either the entire company or a portion thereof (*e.g.*, division, plant, or product line).

(Represents _____ % of Total Annual Sales)

___ Master Plan – means a subcontracting plan that contains all of the required elements of an individual contract plan, except goals and may be incorporated into individual contract plans, provided the master plan has been approved.

___ Individual Plan - means a subcontracting plan that covers the entire contract period (including option periods), applies to a specific contract, and has goals that are based on the offeror's planned subcontracting in support of the specific contract, except that indirect costs incurred for common or joint purposes may be allocated on a prorated basis to the contract.

1 - 2. GOALS - Please state separate dollar and percentage goals for Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business Concerns.

Note: The DOI required percentage goals are shown below. Percentage goals are required for each category and if market research conducted with due diligence results in no sources found, provide evidence. If percentage goals are lower than the example below, please submit justification as to why.

EXAMPLE OF HOW TO CALCULATE THE GOALS:

ATTACHMENT H

	<u>DOLLARS</u>	<u>PERCENT</u>
Total Contract Price		
A. Total dollars planned to be subcontracted		
B. Total dollars planned to be Subcontracted to small businesses (including Alaska Native Corporations (ANCs) and Indian Tribes see FAR 52.219-9(d)(i)) (This excludes Small Disadvantaged (SDB), Women-Owned (WOSB), Historically Underutilized Business Zone (HUB Zone), Veteran-Owned and Service-Disabled Veteran-Owned (SDVOSB) small businesses) % = B divided by A		
C. Total dollars planned to be Subcontracted to SDB (including ANCs and Indian Tribes – see FAR 52.219-9(d)(i)) % = C divided by A		
D. Total dollars planned to be Subcontracted to HUB Zone Small Business % = D divided by A		
E. Total dollars planned to be Subcontracted to WOSB % = E divided by A		
F. Total dollars planned to be Subcontracted to Veteran-Owned Small Business % = F divided by A		
G. Total dollars planned to be Subcontract to SDVOSB % = G divided by A		
H. Total dollars planned to be Subcontracted to SB, SDB, HUBZone, WOSB, VOSB and SDVOSB % =B+C+D+E+F+G divided by A		
I. Total dollars planned to be Subcontracted to OTHER than Small Business % = I divided by A		

Please enter the information listed below:

Total dollars to be subcontracted: \$_____

❖ Total dollars to be subcontracted to Small Business:

\$_____ %

❖ Total dollars to be subcontracted to Small Disadvantaged Business:

\$_____ %

❖ Total dollars to be subcontracted to Historically Underutilized Business (HUB) Zone Small Business Concerns:

ATTACHMENT H

\$_____ %

❖ Total dollars to be subcontracted to Women-Owned Small Business:

\$_____ %

❖ Total dollars to be subcontracted to Veteran-Owned Small Business:

\$_____ %

❖ Total dollars to be subcontracted to Service-Disabled Veteran-Owned Small Business

\$_____ %

❖ Total dollars to be subcontracted to Large Business:

\$_____ %

3. Provide a description of the principal types of supplies and services to be subcontracted under this contract, and an identification of the types planned for subcontracting to Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business Concerns.

Type of Business: (Please check all that apply.) Please identify the supplies or services to be subcontracted in each category. Percentages are required for each category and if market research conducted with due diligence results in no sources found, provide evidence.

SUPPLIES/SERVICES

LARGE BUSINESS

SMALL BUSINESS

SMALL DISADVANTAGED BUSINESS

HUB ZONE SMALL BUSINESS

WOMEN- OWNED SMALL BUSINESS

VETERAN-OWNED SMALL BUSINESS

SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB)

4. A description of the method used to develop the subcontracting goals.
5. A description of the method used to identify potential sources for solicitation purposes. If small businesses were not located provide a description of the Market Research appropriate to the size and complexity of the acquisition that was conducted and rationale why small businesses capable of subcontracting were not located.
6. A statement as to whether or not the offeror included indirect costs in establishing subcontracting goals, and a description of the method used to determine the proportionate share of indirect costs to be incurred with Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business Concerns.

☐ Yes ☐ No

7. Name of the individual employed by the offeror who will administer the offeror's subcontracting program and a description of the duties of that individual.

SUBCONTRACTING PLAN ADMINISTRATOR

NAME:

TITLE:

ADDRESS:

CITY:

STATE:

ZIPCODE:

TELEPHONE:

FAX NUMBER:

E-MAIL:

DUTIES: List duties and responsibilities of the Plan Administrator and a statement of the extent and scope of the Plan Administrator's authority in subcontracting source selections:

Attach duties of the Subcontracting Plan Administrator

8. A description of the efforts the offeror will make to assure that Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business concerns have an equitable opportunity to compete for subcontracts.

9. Assurances that the offeror will include the clause in this contract, FAR 52.219-8, entitled “Utilization of Small Business Concerns” in all subcontracts that offer further subcontracting opportunities, and that the offeror will require all subcontractors (except small business concerns) that receive subcontracts in excess of \$650,000 (\$1,500,000 for construction) to adopt a subcontracting plan that complies with the requirements of this clause.

☐ Yes

☐ No

10. Assurances that the offeror will—

- (i) cooperate in any studies or surveys as may be required;
- (ii) Submit periodic reports so that the Government can determine the extent of compliance by the offeror with the subcontracting plan;
- (iii) Submit the Individual Subcontract Report (ISR) and/or the Summary Subcontract Report (SSR), in accordance using the Electronic Subcontracting Reporting System (eSRS) at <http://www.esrs.gov> following the instruction in the eSRS;
- (iv) Ensure that its subcontractors with subcontracting plans agree to submit the ISR and/or the SSR using eSRS;
- (v) (v) Provide its prime contract number, its DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to all first-tier subcontractors with subcontracting plans so they can enter this information into the eSRS when submitting their reports; and
- (vi) Require that each subcontractor with a subcontracting plan provide the prime contract number, its own DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to its subcontractors with subcontracting plans.

☐ Yes

☐ No

NOTE: When entering your subcontracting information, you must include the email address of the following individuals whom will be reviewing the Subcontracting ISR “Report for Individual Contracts” as well as SSR “Summary Subcontracting Report”.

Reporting Bureau or Office:

(Department of the Interior (1400))

(Bureau of Indian Affairs (1450))

(Bureau of Land Management (1422))

(Bureau of Reclamation (1425))

(Fish and Wildlife Service (1448))

(Bureau of Ocean Energy Management, Regulation & Enforcement (1435))

(National Business Center (1428))
(National Park Service (1443))
(Office of Surface Mining (1438))
(Office of the Secretary (140S))
(Office of the Special Trustee (1415))
(US Geological Survey (1434))
Other (please specify)

Please enter the contracting officer's email address: _____

11. A description of the types of records that will be maintained concerning procedures that have been adopted to comply with the requirements and goals in the plan, including establishing source lists; and a description of the offeror's efforts to locate Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business concerns and award subcontracts to them. The records shall include at least the following (on a plant-wide or company-wide basis, unless otherwise indicated):

- (i) Source lists
- (ii) Organizations contacted
- (iii) Records on each subcontract solicitation resulting in an award of more than \$150,000, indicating:
 - (A) Whether small business concerns were solicited and, if not, why not;
 - (B) Whether small disadvantaged business concerns were solicited and, if not, why not;
 - (C) Whether HUBZone small business concerns were solicited and, if not, why not;
 - (D) Whether women-owned small business concerns were solicited and, if not, why not;
 - (E) Whether veteran-owned small business concerns were solicited and, if not, why not; and
 - (F) Whether service-disabled veteran-owned small business concerns were solicited and, if not, why not;If applicable, the reason award was not made to a small business concern.
- (iv) Record of any outreach efforts to contact:
 - (A) Trade associations;
 - (B) Business development organizations;
 - (C) Conferences and trade fairs to locate small, HUBZone small, small disadvantaged, and women-owned small business sources; and
 - (D) Veterans service organizations.
- (v) Records of internal guidance and encouragement provided to buyers through:
 - (A) Workshops, seminars, training, etc.;
 - (B) Monitoring performance to evaluate compliance with the program's requirements.

ATTACHMENT H

(vi) On a contract-by-contract basis, records to support award data submitted by the offeror to the Government, including the name, address, and business size of each subcontractor.

(vii) Contractors having commercial plans need not comply with this requirement.

(e) In order to effectively implement this plan to the extent consistent with efficient contract performance, the Contractor shall perform the following functions:

(1) Assist Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business concerns by arranging solicitations, time for the preparation of bids, quantities, specifications, and delivery schedules so as to facilitate the participation by such concerns. Where the Contractor's lists of potential Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran Owned Small Business and Service-Disabled Veteran-Owned Small Business subcontractors are excessively long, reasonable effort shall be made to give all such small business concerns an opportunity to compete over a period of time.

(2) Provide adequate and timely consideration of the potentialities of Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran Owned Small Business and Service-Disabled Veteran-Owned Small Business concerns in all "make-or-buy" decisions.

(3) Counsel and discuss subcontracting opportunities with representatives of Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business concerns.

(4) Confirm that a subcontractor representing itself as a HUBZone small business concern is identified as a certified HUBZone small business concern by accessing the Central Contractor Registration (CCR) database or by contacting SBA.

(5) Provide notice to subcontractors concerning penalties and remedies for misrepresentations of business status as Small Business; Small Disadvantaged Business, Historically Underutilized Business Zone (HUBZone) Small Business, Women-Owned Small Business, Veteran Owned Small Business and Service-Disabled Veteran-Owned Small Business concerns for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the Contractor's subcontracting plan.

SIGNATURES REQUIRED

ATTACHMENT H

PRIME CONTRACTOR: _____ DATE: _____

PRINT/TYPE NAME:

TITLE:

DATE:

EMAIL:

APPROVED BY: _____(CONTRACTING OFFICER), DATE: _____

TYPE NAME:

TITLE:

EMAIL:

FOR COMMERCIAL PLANS ONLY

Effective period of this subcontracting plan is:

_____ thru _____

APPROVED BY: _____(CONTRACTING OFFICER), DATE: _____

TYPE NAME:

TITLE:

EMAIL:

PAST PERFORMANCE

SUBCONTRACTING ACCOMPLISHMENTS

	PRIOR YEAR GOALS	PRIOR YEAR ACCOMPLISHMENTS
TOTAL SUBCONTRACTING	\$ _____	\$ _____
SMALL BUSINESS	\$ _____	\$ _____
PERCENT	_____ %	_____ %
SMALL DISADVANTAGED	\$ _____	\$ _____
PERCENT	_____ %	_____ %
HUB ZONE SMALL BUSINESS	\$ _____	\$ _____
PERCENT	_____ %	_____ %
WOMEN-OWNED SMALL BUSINESS	\$ _____	\$ _____
PERCENT	_____ %	_____ %
VETERAN-OWNED SMALL BUSINESS	\$ _____	\$ _____
PERCENT	_____ %	_____ %
SERVICE-DISABLED VETERAN-OWNED	\$ _____	\$ _____
PERCENT	_____ %	_____ %

CERTIFY THAT THE ABOVE SUBCONTRACTING ACCOMPLISHMENTS ARE ACCURATE AND WAS ALSO ENTERED IN THE ELECTRONIC SUBCONTRACTING REPORTING SYSTEM (eSRS) FOR REPORT PERIOD:

YEAR: _____

☐ **YES**

☐ **NO**